



The Punta Gorda Police Department will be testing for the position of Police Officer for placement in the Police Officer Pool. The starting salary for this position is \$40,000. **Please continue to scroll down for further details & the complete application packet.**

**** You must communicate your intent to test via e-mail address humres@ci.punta-gorda.fl.us. This must be done prior to submitting your application packet. Also ... should you wish to receive a Study Guide, please e-mail your request and include your mailing address.**

Applications & all required documents are to be received in Human Resources no later than _____.

Applicants must arrive 30 minutes in advance of the test with photo I.D.

If you have placed your name on the current list to test, but are unable to attend, please contact us by e-mail, so your name can be removed

The testing process consists of the following elements:

- **Written Examination** will be administered on _____ in the Punta Gorda Police Department, Training Rooms A+B, 1410 Tamiami Trail, Punta Gorda, FL 33950.
- **Physical Ability** testing will be conducted on _____. The location will be announced at the written test. Please note that at the completion of physical ability testing, those applicants who pass will be assigned a time for their oral board.
- **Oral Boards** are scheduled for _____ for those applicants who pass the written examination and physical ability testing.
- **Oral Boards are tentative for _____ for overflow applicants, if no time slots remain on _____.**

You must pass with a score of 70% or better on the Reading Comprehension and Grammar sections, and a minimum average score (including the Math section) of 60% on the written exam to move on to the next step. The physical ability and the oral boards are pass/fail. Once an applicant has passed the entire testing process and has received at least 60% on the written exam, he or she will then be placed in an eligibility pool. In addition to being placed in an eligibility pool, applicants will be considered for open positions based on a personal interview with the Police Chief. Applicants in the pool are not automatically in position for employment, but may be considered for a Police Officer position as they come open and based on the finding of a background investigation, including a psychological evaluation, drug testing, job related physical exam and recommendation by the Chief. Eligibility for consideration of employment will last for one year or until the list is depleted.

The next testing date(s) will be posted to the website just after the testing dates referenced above.

The City of Punta Gorda is a DFWP, EOE, VP

Police Officer
Application Checklist

Applicant's Name: _____

Applicant's E-Mail Address _____

Next scheduled police testing –

If you plan to participate in this testing, please check

YES or **NO**

- In order to participate in this testing, all documents in section 1 (below) must be completed & notarized as required.
- Copies of all documents listed in section 2 (below) must be included when submitting packet.
- **Photo I.D. must be presented at time of testing.**

Section 1

- **Completed Application & Supplemental Packet**
- **Medical Release Form (Physicians Clearance to Test)**
- **Affidavit of Applicant**
- **Authority for Release of Information**
- **Name Change (if applicable)**

Section 2

- **Copy of Drivers License**
- **Copy of Social Security Card**
- **Copy of High School Diploma**
- **Copy of Birth Certificate**
- **Copy of Law Enforcement Certification (if certified)**
- **Copy of College Diploma or transcripts (if applicable)**

Use this checklist to ensure everything is complete and all document copies are included prior to submitting your name for testing and submitting the application packet.



PUNTA GORDA POLICE

"A STATE ACCREDITED LAW ENFORCEMENT AGENCY"

1410 TAMiami TRAIL
PUNTA GORDA, FL 33950
(941) 639-4111
www.ci.punta-gorda.fl.us

POLICE OFFICER APPLICATION INSTRUCTIONS

Welcome to the City of Punta Gorda Police Department application, testing, and selection process. You have taken the first step toward a rewarding career serving in one of Florida's finest municipal law enforcement agencies. Please read the following instructions carefully so as to ensure that the application you submit is complete, and that you have confirmed with the City of Punta Gorda your intention to follow through with the testing and interview process.

THE APPLICATION PACKET

The application packet consists of the following documents:

- ** Police Application – Checklist
- ** City of Punta Gorda – Employment Application Form
- ** Police Application – Physician's Clearance to Test Form
- ** Police Application – Supplemental Information Form
- ** Form CJSTC-058 – Authority for Release of Information
- ** Form CJSTC-068 – Affidavit of Applicant
- †† Form CJSTC-079 – Name Change Application (if applicable)
- Physical Ability Test (PAT) Instructions
- ** Police Application – Bonus Point Eligibility Checklist (if applicable)
- ** Authorization for Release of Credit/Personal Background Information
 - ** Mandatory forms to be submitted with all Application Packets
 - †† Forms to be submitted with Application Packet only if applicable
 - This form is for your information and for your physician's review

All of these forms are Adobe Acrobat .pdf files and are formatted so that they may be filled out on your computer using Adobe Reader. If you do not have Adobe Reader, you may download it by clicking on the link located at the bottom of the Human Resources main page. Unless you have the full version of Adobe Acrobat, you will not be able to save your work on your computer, but you will be able to complete each form and print it. If you would rather fill out the forms by hand, simply open them and print them out. Please be sure to use a pen and not a pencil should you decide to opt for the hand-written method.

Filling out the application packet

Step 1: Download documents from the website

- A. Verify that you have Adobe Reader on your computer. If you do not, click on the Adobe Reader icon at the bottom the City of Punta Gorda Human Resources main page. You will be guided through the installation process.
- B. Select the .pdf document you wish to fill out by placing your mouse cursor over the document link. When you see the arrow cursor become a “hand” icon, left-click once with your mouse. The document you have selected will open.

Step 2: Filling out the Application Documents

Option 1 – Fill out by Hand

Print each document and fill them out by hand. Once again, if you choose this methodology, please make sure to use ink and not pencil.

Option 2 – Fill out on the Computer

The second option for filling out the application forms is to use the form-fill feature that has been incorporated into each document.

- A. Place your mouse cursor in the space in which you would like to type information. The little hand icon will change into the typical blinking document cursor.
- B. Type in the relevant information for that space. If the question or request for information has multiple lines for answers, you must press the “Tab” key to go to the next line if your answer is too long for one line. If you run out of space on the lines made available, you must complete your answers on a separate document that you will need to submit with the Adobe form.
- C. Press the “Tab” key and the blinking document cursor will automatically be positioned into the next information space. Type in the relevant data and press the “Tab” key again.
- D. Some of the forms have “Yes” or “No” answer buttons or check spaces. If the “Tab” key highlights one of these, you may either press “Enter” or manually use the mouse to display the little hand icon. The icon will change to a hand pointer once you place it over the appropriate selection button. Left-click the mouse. Most of the selections only allow you to choose one answer or the other, so if you change your mind, simply check the other answer icon.
- E. Please fill out all spaces in the documents. If some of the spaces are not relevant, please type N/A onto that line.
- F. Once you have filled in all the lines and checked all the appropriate selection buttons, check the document over carefully. Once you are satisfied, print the document. **THE ONLY WAY TO SAVE THE DOCUMENT TO YOUR COMPUTER IS IF YOU HAVE THE COMPLETE ADOBE ACROBAT PROGRAM.** If you do not have this software, we recommend you print two copies, or copy the signed and notarized (if applicable) documents to retain for your files.
- G. Sign all documents, and have those documents notarized where that is required.

- H. Submit your completed application packet to the address shown below. As specified earlier in these instructions, the documents identified with ** are required to be submitted with every application packet. Those that have †† beside them need only be submitted if they are applicable to the candidate.

**Human Resources
City of Punta Gorda
326 West Marion Avenue
Punta Gorda, FL 33950**

Step 3: Notification of Intent to Test

The City of Punta Gorda employs three tools in determining the qualifications of each Police Officer candidate: 1) a written examination; 2) a physical ability test; and, 3) oral examination board. The City requires *written notification* of the candidate's intent to test. In addition to the Physician's Release to Test Form, each Police Officer candidate must request a copy of the written test study guide, and sign the Notice of Intent to Test. Both of these are included at the bottom of the **Police Application – Checklist** form. This form must then be submitted with the rest of the application packet.

With respect to the written test, you must pass with a score of **70% or better** on the *Grammar* and *Reading Comprehension* sections, and an **overall average score of 60% or better** to move on to the next step. The *Physical Ability Test* and the *Oral Boards* are pass/fail. Once an applicant has passed the entire testing process and has received at least a 60% on the written exam, they will then be placed in an eligibility pool. In addition to being placed in an eligibility pool, applicants will be considered for open positions based on a personal interview with the Police Chief. Applicants in the pool are not automatically in position for employment, but may be considered for a Police Officer position as they come open and based on the finding of a background investigation, including a psychological evaluation, drug testing, job related physical exam and recommendation by the Chief. Eligibility for consideration of employment will last for one year or until the list is depleted.

Other Required Documents

In addition to the application forms that make up the bulk of your submittal, please include the following documents:

- Copy of Drivers License
- Copy of Social Security Card
- Copy of High School Diploma
- Copy of Birth Certificate
- Copy of Law Enforcement Certification (if certified)
- Copy of College Diploma or transcripts (if applicable)

The City of Punta Gorda is a DFWP, EOE, VP Employer



PUNTA GORDA POLICE DEPARTMENT PHYSICAL ABILITIES TEST INSTRUCTIONS

The Physical Abilities Test (PAT) was designed to assess physical attributes which reflect core enabling knowledge, skills and abilities and essential tasks common for law enforcement, corrections and correctional probation officers. The PAT is to be conducted in a continuous flow manner that is time dependent in order to determine the participant's level of physical condition and aerobic capacity. The PAT measures specific physical abilities through a series of tasks which are listed as follows:

1. Exiting vehicle/open trunk
2. 220 yard run
3. Obstacle course
4. 100 foot run (in lieu of dummy drag)
5. Obstacle course (repeat)
6. 220 yard run (repeat)
7. Dry fire weapon
8. Place items in trunk/enter vehicle

Task 1:

The test begins with applicant seated in a full size automobile, seat belt on, with hands at the 10 and 2 o'clock positions on the steering wheel. Around the applicant's waist is a pull away flag belt with flags positioned over each hip. Trunk key is placed in the vehicle glove box which is in the closed position. The vehicle trunk released is not to be used by the applicant. A handgun and a baton/flashlight are positioned in the front center part of the trunk. The trunk is closed and locked. On the command "GO" the stop watch is started and the participant removes hands from the steering wheel, unfastens seat belt, opens glove box and removes key. Exit vehicle (the glove box and door are left open). Move to the back of the vehicle and insert key and unlock and open trunk. Immediately after opening the trunk the participant touches each flag with the opposite hand, from behind the back, and the belt is pulled away (letting the belt fall to the ground). The handgun and the baton/flashlight are removed from the trunk; the trunk is closed with the key remaining in the lock. Move to the bench or stool. Place handgun on the bench or stool, continue to hold flashlight/baton. Immediately proceed with flashlight/baton to the beginning position of the 220 yard run.

TASK 2:

While carrying the flashlight/baton the applicant runs 220 yards on a flat surface to the entrance of the obstacle course.

TASK 3:

Upon completion of the 220 yard run the applicant passes through the pylons at the entrance of the obstacle portion of the course. Ten feet into the obstacle course the participant must climb over a 40 inch wall, followed by a series of three (24, 12, and 18 inch) hurdles five feet apart, located 10 feet beyond the wall. Ten feet beyond the final hurdle, the applicant encounters the first of nine pylons in a single row spaced five feet apart. The applicant must serpentine through the pylons. Ten feet beyond the last pylon the participant must crawl under a 27 inch high, eight foot long low crawl area after which the applicant stands, moves to the pylons located seven feet beyond the low crawl and drops the flashlight/baton beside one of the pylons. (NOTE: if at any time, the applicant knocks over a hurdle or pylon they immediately stop and repeat that portion of the obstacle.)

TASK 4:

The applicant then sprints 50 feet to a pylon, and sprints 100 feet to another pylon.

Upon the completion of the 100 foot run, the participant sprints back to the pylons by the low crawl, picks up the flashlight/baton and reverses course through the obstacles. After the wall climb the participant moves through the pylons and once again repeats the 220 yard run.

TASK 6:

220 yard run. (Repeat of Task 2)

TASK 7:

After completing the 220 yard run, the applicant places the flashlight/baton on the bench and picks up the hand gun. Then assumes a proper firing position and fires six rounds each using the dominate, then non-dominant hand.

TASK 8:

After the applicant fires the weapon (the trunk is opened) the weapon and flashlight/baton are placed inside the trunk and the trunk is closed. The key is then removed, and the applicant reenters the vehicle, closing the vehicle door, places the key in the glove box, closes the glove box, re-fastens the seat belt and places both hands on the steering wheel, at which time the test ends.



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Police Application – Physician’s Clearance to Test

Name of Applicant: _____

Dear Physician,

The purpose of this communication is to inform you of the above-named individual’s intentions with regards to participation in the pre-employment Physical Abilities Test for the City of Punta Gorda Police Department. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above applicant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the applicant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability testing.

The testing program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests are intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skills, and aerobic power. Tests will include two 220-yard runs, one 100-foot run (in lieu of dummy drag), jumping over obstacles (12-24 inches high, climbing over a wall (40 inches high), two 50-foot sprints, and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency. If you have any questions, please do not hesitate to contact our Employee Development Coordinator Sergeant Rick Mohaupt at 941-575-5533.

Sincerely,

Albert A. Arenal
Chief of Police

I have examined this applicant and his/her medical history, and based upon my evaluation, I recommend that (please check one):

_____ Participation is not advisable at this time (If you advise against participation, please do not disclose the applicant’s medical history on this form).

_____ Within a reasonable degree of probability, no medical condition or disorder exists that precludes this applicant from participation in the physical tests described.

Signature of Physician

Name of Physician (*please print*)

Date



**CITY OF PUNTA GORDA
HUMAN RESOURCES OFFICE
126 Harvey Street
Punta Gorda, FL 33950**

As required under the Fair Credit Reporting Act, this is to advise you that, in connection with your application for employment with the City of Punta Gorda, a consumer report regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be obtained with respect to you for employment purposes from a consumer reporting agency. **Should an investigative consumer report be requested, you have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.**

**AUTHORIZATION FOR RELEASE OF CREDIT/PERSONAL BACKGROUND
INFORMATION**

I, the undersigned, hereby authorize any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide a consumer report and documentation of my current credit status to the City of Punta Gorda for employment purposes. I also authorize the City of Punta Gorda to conduct a background check through access to law enforcement databases, including the National Criminal Information Center (NCIC) and Florida Criminal Information Center (FCIC).

Because this authorization is used for pre-employment purposes, I, the undersigned, also grant permission for criminal records (including felony and misdemeanor records), motor vehicle records, and employment records, including worker's compensation investigations, medical records, and education backgrounds to be released to the City of Punta Gorda.

I certify that this authorization to release information is solely for the purposes of obtaining employment with the City of Punta Gorda and may only be used within the context of this employment application. I understand that all information obtained by the City from this credit/personal background check will be held in confidence by the City of Punta Gorda. This information will not be released to any other persons or organizations without my express written permission to do so, unless otherwise specified or permitted by applicable ordinance, statute, or law.

Print Name: _____ Soc. Sec. # _____

Present Address: _____ Date of Birth _____

City: _____ State: _____ Zip Code (required) _____

Signature: _____ Date: _____

The City of Punta Gorda is a DFWP, EEO, ADA, and VP Employer

City of Punta Gorda
326 W. Marion Ave.
Punta Gorda, FL 33950

APPLICATION For Employment



EQUAL EMPLOYMENT OPPORTUNITY

The City of Punta Gorda considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

VETERANS PREFERENCE IN EMPLOYMENT AND RETENTION

The right to claim veterans' preference expires when an individual has been previously employed by any state or any agency of a political subdivision of any state. **Documentation substantiating your claim must be furnished at the time of application.**

Have you entered into covered employment by a covered employer before this application? Yes No

Are you claiming veterans' preference? Yes No

- A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
- A veteran who has served on active duty at least one day during a war-time period, and separated with an honorable discharge.
- The un-remarried widow or widower of a veteran who died of a service-connected disability.
- A veteran in receipt of any Armed Forces Expeditionary Medal

Branch of Service _____ Date of Entry _____ Date of Discharge _____

Please be advised that the use of your Social Security Number is for the purposes of payroll eligibility verification, processing employment benefits, applicant and employee background investigation purposes, including drug test identification, income reporting; and subject to F.S. 119.071

Last Name	First Name	M.I.	Social Security Number
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Home Phone Number	Mobile/Other Phone Number	Best Time to Call	
_____	_____	_____	

Position(s) you are applying for:	Date of Application
_____	_____
<input checked="" type="radio"/> Have you ever filed an application with the City of Punta Gorda before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give date(s) of application(s), and position(s) applied for: _____	
<input checked="" type="radio"/> Have you ever been employed with the City of Punta Gorda before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give date(s) and position(s): _____	
<input checked="" type="radio"/> Do you have any friends or relatives that work for the City of Punta Gorda? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state name(s), relationship(s), and department(s): _____	
<input checked="" type="radio"/> Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="radio"/> Are you currently on lay-off from employment and subject to re-call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="radio"/> Are you eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment</i>	
<input checked="" type="radio"/> Date available to begin work ____ / ____ / ____ Desired salary range? _____ Shift <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<input checked="" type="radio"/> Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary If required, can you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="radio"/> Are you a licensed Florida automobile operator or chauffeur? <input type="checkbox"/> Yes <input type="checkbox"/> No License No: _____	
Date of Expiration: _____ Restrictions: _____	

EDUCATION

	Name of School, City, and State	Courses of Study/Major	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Trade School/Other				

WORK EXPERIENCE

Start with your present or last job. **Include any job-related military service assignments and volunteer activities.** You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. You may attach additional sheets if necessary. Please fill out the application completely. **MAKE SURE YOU SIGN AND DATE THE APPLICATION.**

Employer	Dates Employed		Work Performed
	From	To	
Telephone			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address City State Zip	Wage Information		
	Starting	Final	Reason for leaving?
Present Job Title			
Employer	Dates Employed		Work Performed
	From	To	
Telephone			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address City State Zip	Wage Information		
	Starting	Final	Reason for leaving?
Present Job Title			
Employer	Dates Employed		Work Performed
	From	To	
Telephone			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address City State Zip	Wage Information		
	Starting	Final	Reason for leaving?
Present Job Title			
Employer	Dates Employed		Work Performed
	From	To	
Telephone			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address City State Zip	Wage Information		
	Starting	Final	Reason for leaving?
Present Job Title			

PROFESSIONAL AND TRADE ASSOCIATIONS

List professional, trade, business, or civic activities in which you participated, and offices held.

SPECIALIZED SKILLS (Skills, Equipment Capabilities)

<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Spreadsheets	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Other Machinery and Equipment (Please List)
<input type="checkbox"/> Typewriter (WPM _____)	<input type="checkbox"/> Fax / Copier	<input type="checkbox"/> Shorthand (WPM _____)	_____

PERSONAL / PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Occupation	Best Time to Call

DRUG FREE WORKPLACE

Unless the law requires otherwise, the City will not hire an applicant who uses, possesses, sells, distributes or cultivates illegal controlled substances or has an alcohol-related problem that the City believes will or may adversely affect the efficient operation of City business. To the extent allowed by applicable law, the City, at its option, may require successful completion of one (1) or more drug screening tests as a condition of employment. Whenever applicants for employment are to be tested for the presence of illegal controlled substances, they shall be informed of the test in advance and in writing.

By completing this application, the applicant certifies that he/she has received advance, written notification of testing for illegal, controlled substances.

ARREST HISTORY/COURT DATA

1. Have you ever been convicted of, or had adjudication withheld after a plea or trial, on a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of, or had adjudication withheld after a plea or trial, on a first degree misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been detained by any law enforcement officer for investigation purposes or to your knowledge have you ever been the subject or a suspect in any criminal investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you currently, or have you ever been placed on court-ordered probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been finger-printed for any reason (arrest, job, military, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes to any of the above questions, please provide details: _____		

CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed by the City may result in dismissal.

I hereby authorize the City of Punta Gorda to investigate all statements contained in this application, to interview the references and previous employers listed in this application. I authorize the references and previous employers listed to give the City all facts, opinions, and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information the City, including, but not limited to, any liability for defamation or invasion of privacy.

If I am selected for employment, I understand that the selection will be conditioned upon satisfactory results of a background investigation.

I understand, also, that I am required to abide by all rules and regulations of the City of Punta Gorda, and that my employment relationship with the City is "at will," which means that I may resign at any time and the City may discharge me at any time with or without cause. This "at will" relationship may not be changed or modified for any reason unless specifically acknowledged in writing by an authorized executive of the organization.

NOTE: In the event that an applicant is selected for employment by the City, the Social Security number provided by the applicant on this document will be used solely for the purposes of completing a criminal history check and worker's compensation history.

I understand that this employment application becomes the sole property of the City of Punta Gorda, is a public record, and may be inspected by any member of the public for any reason

Signature of Applicant _____ Date _____

AFFIRMATIVE ACTION INFORMATION FOR STATISTICAL USE ONLY

NOTICE:

This information will not be kept with your application for employment. It is for statistical use only as part of the City of Punta Gorda's Affirmative Action Plan.

Name (Optional) _____ Female Male

Date of Birth _____ Veteran: Yes No

Race and Ethnicity (check one): Hispanic or Latino White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino) Asian (not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

American Indian or Alaska Native (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino)

Position for which you are applying _____ Date _____

How did you first learn about this position? (check one below)

Newspaper City Employee Walk In Job Hotline Website

Other _____

Additional Contact Information: Please list alternative contact numbers that may be used by Punta Gorda Police Department background investigators.

1. _____ Home Work Cell Pager
2. _____ Home Work Cell Pager
3. _____ Home Work Cell Pager
4. _____ Other _____
5. E-Mail: _____

Residences: List all addresses where you have lived during the past ten (10) years, beginning with present address. List dates by month and year. Attach extra page if necessary.

Date (Month/Year)		Street Address	City	County	State
From	To				
Landlord Info:					
Landlord Phone:			Rent	Own	Other

Date (Month/Year)		Street Address	City	County	State
From	To				
Landlord Info:					
Landlord Phone:			Rent	Own	Other

Date (Month/Year)		Street Address	City	County	State
From	To				
Landlord Info:					
Landlord Phone:			Rent	Own	Other

Date (Month/Year)		Street Address	City	County	State
From	To				
Landlord Info:					
Landlord Phone:			Rent	Own	Other

Date (Month/Year)		Street Address	City	County	State
From	To				
Landlord Info:					
Landlord Phone:			Rent	Own	Other (

Experience and Employment: Beginning with your present or most recent job, list all employment held for the past ten (10) years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

1. Employer: _____
Address: _____
 (number) (street) (city, state) (zip)
Telephone: _____ Your Job Title: _____
Supervisor Name: _____ Supervisor Title: _____
Name of Co-Worker(s): _____
Date Started: _____ Date Left: _____
Reason for leaving: _____

2. Employer: _____
Address: _____
 (number) (street) (city, state) (zip)
Telephone: _____ Your Job Title: _____
Supervisor Name: _____ Supervisor Title: _____
Name of Co-Worker: _____
Date Started: _____ Date Left: _____
Reason for leaving: _____

3. Employer: _____
Address: _____
 (number) (street) (city, state) (zip)
Telephone: _____ Your Job Title: _____
Supervisor Name: _____ Supervisor Title: _____
Name of Co-Worker: _____
Date Started: _____ Date Left: _____
Reason for leaving: _____

4. Employer: _____
Address: _____
 (number) (street) (city, state) (zip)

Telephone: _____ Your Job Title: _____

Supervisor Name: _____ Supervisor Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

5. Employer: _____

Address: _____
(number) (street) (city, state) (zip)

Telephone: _____ Your Job Title: _____

Supervisor Name: _____ Supervisor Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

6. Employer: _____

Address: _____
(number) (street) (city, state) (zip)

Telephone: _____ Your Job Title: _____

Supervisor Name: _____ Supervisor Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

7. Employer: _____

Address: _____
(number) (street) (city, state) (zip)

Telephone: _____ Your Job Title: _____

Supervisor Name: _____ Supervisor Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

8. Employer: _____

Address: _____
(number) (street) (city, state) (zip)

Telephone: _____ Your Job Title: _____

Supervisor Name: _____ Supervisor Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

9. Employer: _____

Address: _____
(number) (street) (city, state) (zip)

Telephone: _____ Your Job Title: _____

Supervisor Name: _____ Supervisor Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

10. Employer: _____

Address: _____
(number) (street) (city, state) (zip)

Telephone: _____ Your Job Title: _____

Supervisor Name: _____ Supervisor Title: _____

Name of Co-Worker: _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

11. Have you ever been discharged, terminated, or forced to resign from any employment:

Yes No

If yes, list those employers. (Use additional sheet if necessary to explain)

Employer	Date	Supervisor Involved

12. Have you ever been disciplined by any employer? Yes No

If yes, list those employers. (Use additional sheet if necessary to explain)

Employer	Date	Supervisor Involved

13. Have you ever applied for a position with any other law enforcement or governmental agency?

Yes No

If yes, complete the following information: (Use additional sheet if necessary)

Department/Agency to which you applied	Date you applied	Accepted or Rejected	Reason rejected or if accepted, why refused

14. Has any license or permit (excluding driver's license or learner's permit) issued by any city, county, state, or federal agency ever been denied you or any corporation or partnership of which you were an officer, director, or partner?

Yes No If yes, explain: _____

15. Has any license or permit (excluding driver's license or learner's permit) been revoked, cancelled, or suspended?

Yes No If yes, explain: _____

16. Have you ever resigned a position while under investigation? Yes No

If yes, explain: _____

17. Have you been arrested, received a notice to appear, charged, convicted, pled no contest, or pled guilty to any criminal violation, regardless of whether the record was sealed or expunged? Yes No Provide certified copy of case disposition.

If yes, explain below and attach/provide copies of paperwork regarding these incidents:

Date of Arrest Or Incident	Were you an Adult or Juvenile?	Arresting Agency	Case Number	Disposition

18. Have you ever possessed, used, sold, or stolen any marijuana, narcotics, barbiturates, or any illegal narcotic? Yes No If so, explain all occurrences including usage time frames. Specify all types you have used, how many times, and circumstances.

19. Do you drink any alcoholic beverages? Yes No If so, what type of alcoholic beverage and how many drinks per week?

Military History:

1. Are you required to be registered with the Selective Service (between 18 and 27 years of age)? Yes No

If yes, please provide Selective Service number: _____

2. Have you served in the United States Armed Forces? Yes No

3. Date of Service: From _____ To _____

Branch: _____ Unit Designation: _____

Military Service Number: _____

Highest Rank Held: _____

Type of Discharge: _____

Last Commanding Officer: _____ Contact No.: _____

4. Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? Yes No

If yes, attach a separate piece of paper with (1) Charge(s); (2) Agency; (3) Date; (4) Age at Time; (5) disposition.

5. Have you ever asked for or received a deferment from military service?

Yes No

If yes, provides dates and full details on a separate piece of paper.

6. If you received a discharge other than honorable, give complete details:

Foreign Military Service:

1. Have you ever served in a military organization of any foreign government?

Yes No

If yes, indicate:

Country: _____ Date of Entry: _____

Date of separation: _____ Rank: _____ Type of Discharge: _____

Education:

1. High School: _____

Address: _____
(number) (street) (city/state) (zip)

From: _____ to _____ Graduated: Yes No

High School Phone Number: _____

- 2a. College/University: _____ From: _____ to _____

City/State: _____ Degree Received: Yes No

Units Completed: _____ Major/Minor: _____

Phone Number for Registrar: _____

- 2b. College/University: _____ From: _____ to _____

City/State: _____ Degree Received: Yes No

Units Completed: _____ Major/Minor: _____

Phone Number for Registrar: _____

2c. College/University: _____ From: _____ to _____

City/State: _____ Degree Received: Yes No

Units Completed: _____ Major/Minor: _____

Phone Number for Registrar: _____

3. List other schools attended to include trade, vocational, business, law enforcement academy certification training, correction academy certification training, etc.

Name: _____ From: _____ to _____

Address: _____
(number) (street) (city/state) (zip)

Phone: _____

Course of Study: _____ Diploma/Certificate: Yes No

Name: _____ From: _____ to _____

Address: _____
(number) (street) (city/state) (zip)

Phone: _____

Course of Study: _____ Diploma/Certificate: Yes No

4. While in any school, were you ever suspended or expelled? Yes No

If yes, explain: _____

Special Qualifications and Skills:

1. List any special licenses or certifications you hold (i.e., pilot, radio operator, diver, etc.):

Licensing Authority: _____

Date of Issue: _____ Expiration Date: _____

Licensing Authority: _____

Date of Issue: _____ Expiration Date: _____

Licensing Authority: _____

Date of Issue: _____ Expiration Date: _____

- 2. List any specialized machinery or equipment you can operate:

- 3. If you are fluent in a foreign language, indicate in each area your degree of fluency:

Language(s): _____

	Fair	Good	Excellent
Reading			
Speaking			
Understanding			
Writing			

- 4. List any other special skills or qualifications you may possess:

Legal:

- 1. Have you ever been detained or questioned by law enforcement for any reason?

Yes No

If yes, attach a separate piece of paper with (1) the police agency; (2) the charge; (3) the final disposition; (4) the date; (5) the details of the incident.

- 2. Have you, your spouse, or ex-spouse ever been involved as a party in civil litigation?

Yes No

If yes, provide details: _____

- 3. Have you ever been reported as a missing person? Yes No

If yes, provide details: _____

- 4. Have you ever been a respondent or petitioner to a domestic violence injunction or other order of protection? Yes No If yes, provide a certified copy of the order, to include county and state in which it was ordered. Provide details below.

Motor Vehicle Operation:

1. Can you operate a motor vehicle? Yes No
2. Do you possess a valid driver's license? Yes No
3. Has your driver's license ever been suspended or revoked in any state? Yes No

If yes, provide date, location and reason: _____

4. Have you ever received a traffic citation? Yes No

If yes, provide the following information.

Date	Issuing Agency	City, County, State	Charge(s)	Final Disposition

5. Have you ever been involved in a motor vehicle accident? Yes No

If yes, provide the following information:

Date	Location	Injuries	Charge(s)	Final Disposition

6. Have you ever been refused a driver's license by any state? Yes No

If yes, please explain: _____

References and Acquaintances:

1. Fill in below the name of two (2) persons not related to you and not former or current employers or supervisors, but who are friends, fellow students, or fellow workers who have seen you frequently during the past year.

Name: _____ Occupation: _____

Years Known: _____ How Known: _____

Home Address: _____ City _____ State _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Business Name and Address: _____

2. Name: _____ Occupation: _____

Years Known: _____ How Known: _____

Home Address: _____ City _____ State _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Business Name and Address: _____

Loyalty:

The term "subversive organization" as used herein means any group or organization which supports, follows, or is in sympathy with the principles of Communism or any other subversive doctrine or which is listed by the U.S. Attorney General or U.S. Government as subversive.

If any of the following questions within this section are answered in the affirmative, explain on a separate sheet.

1. Have you ever orally or in writing advocated or taught the doctrine that the government of the United States of America, or of any state or other political subdivision thereof, should be overthrown by force, violence, or any other unlawful means? Yes () No ()
2. Are you now or have you ever been a member of any subversive organization? Yes () No ()
3. Have you ever paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization? Yes () No ()
4. Have you ever been connected or affiliated in any manner with, or have you ever attended any meetings of, any subversive organization? Yes () No ()
5. Do you belong to a religious sect, or hold any belief, which would prevent you from vowing allegiance to the flag and Constitution of the United States of America or from taking a life in carrying out your duties when such is lawful and necessary? Yes () No ()
6. Have you ever participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization? Yes () No ()
7. Have you ever been a member of, or attended, any school, camp, class, or forum sponsored by any subversive organization? Yes () No ()

8. Have you ever signed or solicited others to sign any petition sponsored or issued by an subversive organization, or any petition which has its purpose the aiding of any person, cause, or program connected with any subversive organization? Yes () No ()

Deception:

1. Are you willing to take an examination involving an instrument utilized to detect deception (i.e. polygraph, voice stress analysis, etc.) to verify all information supplied in this application and all other information supplied by you to this agency?

Yes () No () If no, state your reason(s): _____

Miscellaneous:

1. List all clubs, societies and civic or fraternal organizations of which you are or have been a member.

Name of Organization	(Phone Number)	Active (Yes/No)	Date of Initial Membership

2. **Social networking sites and e-mail addresses.** Please include any social networking sites where you may have a personal page including the address of this site.

3. Do you have any close friends or relatives employed by the **City of Punta Gorda**?

Yes () No () If yes, indicate name and relationship:

CERTIFICATION:

I certify that the answers given herein are true and complete. If I am employed, I understand that false or misleading information given or omission of facts in my application or interview(s) may result in discharge.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability: disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF The forgoing instrument was acknowledged before me this date

By: who is personally known

or who has produced identification. Type of identification:

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: Upon witnessing the applicant signing of this affidavit, the notary public shall complete the notary block.



Florida Department of Law Enforcement

AFFIDAVIT OF APPLICANT

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC 68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Social Security Number: _____

Applicant's Legal Name: _____ Last First MI

Employing agency: _____

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
• Be a citizen of the United States.
• Be a high school graduate or equivalent.
• Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.
• Have been fingerprinted by the employing agency.
• Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
• Be of good moral character.
• Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "False" or "NA"

Table with 3 columns (True, False, NA) and 11 rows of statements for attestation.

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public.

Applicant's Signature Date Signed

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____ The foregoing instrument was acknowledged before me this date _____

By: _____ who is personally known _____

or who has produced identification. Type of identification: _____

Notary's Signature Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

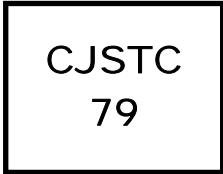
*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliance Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



Florida Department of Law Enforcement

NAME CHANGE APPLICATION

Incorporated by Reference in Rule 11B-27.002(2)(b), F.A.C.



Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

Use this form when an officer's official name changes because an officer marries (include hyphenation, if any), an officer obtains legal name change through court action, or a discrepancy occurs in the officer's name, such as spelling, etc.

1. Last Four Digits of Social Security Number: _____

2. Officer's Previous Name: _____
Last First MI

3. Officer's New Name: _____
Last First MI

4. Agency ORI: FL: _____
Enter the last seven digits of the originating agency's identifier number.

5. Agency Name: _____

6. Attach supporting documentation and maintain on file a copy of marriage license, divorce decree, birth certificate, or legal name change documents to support the officer's name change.

- Marriage
- Divorce
- Legal name change through court process
- Name entered incorrectly into ATMS
- Other

Agency Administrator or Designee's Signature

Date Signed

SUBMIT the completed name change form to: Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention: Records Section



PUNTA GORDA POLICE

"A STATE ACCREDITED LAW ENFORCEMENT AGENCY"

1410 TAMiami TRAIL
PUNTA GORDA, FL 33950
(941) 639-4111
www.ci.punta-gorda.fl.us

***** PLEASE READ *****

CITY OF PUNTA GORDA

Police Application Bonus Point Eligibility Checklist

If you meet the minimum score of 72.68% after completion of written test and oral boards, you will be eligible to receive additional bonus points as follows:

	BONUS POINTS	CHECK ALL THAT APPLY
Bachelors Degree	4	
Punta Gorda Police Department Reserve	3	
Associates Degree	2	
Two or more years as full time certified law enforcement officer	2	
Prior Military	2	
Two or more years as full time correction officer	1	

Please check applicable boxes and **return this form** with your application along with supporting documentation.

Thank you.

Applicant Name *(please print)*